

## Provider Re-Enrollment

As a requirement of the Patient Protection and Affordable Care Act (PPACA), state Medicaid agencies must revalidate the enrollment of all providers in state Medicaid programs. The deadline was extended by the Centers for Medicare and Medicaid Services (CMS) to allow states additional time to process provider applications. For Texas Medicaid, this means all providers, including ordering and referring providers, who have not met all PPACA revalidation requirements must do so through re-enrollment by September 24, 2016. However, **to avoid potential disruption in payment, a complete re-enrollment application must be received on or before June 17, 2016** in order to be re-validated by September 24, 2016.

HHSC will provide additional direction regarding what elements will need to be included in these plans and a due date within the next couple of weeks. In the meantime, and if you have not already done so, begin matching members to providers who have not completed the PPACA application to get a sense of how many clients might be impacted and/or how this may impact network adequacy by service delivery area, paying close attention to Section 8.1.4.9 of the Uniform Managed Care Contract v2.17.

For questions please contact Marisa Luera at [Marisa.Luera@hhsc.state.tx.us](mailto:Marisa.Luera@hhsc.state.tx.us) and copy your health plan management team.